

CLAIMS ONLY							Application Number <b>09/848,727</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	<del>AS FILED</del> <b>7-3-06</b>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		<b>7-3-06</b>				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/848,727

APPLICANT

7-306

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
103		/				
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	37					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

*I can't.*